**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/704,050
Filing Date	November 1, 2000
First Named Inventor	Robert S. Philips
Group Art Unit	2151
Examiner Name	Frantz B. Jean
Attorney Docket Number	48452-048

Total Number of Pages in This Submission

27

**ENCLOSURES (check all that apply)**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to Group                                     |
| <input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                 |
| <input checked="" type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Certified Copy of Priority Documents   | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                     |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application   | <input type="checkbox"/> Terminal Disclaimer                              | 1- REC  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  | <input type="checkbox"/> Request for Refund                               | 2- Exhibit A  |
|   | <input type="checkbox"/> CD, Number of CD(s) _____                        | 2-Return Postcard:  |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm or Individual Name  
Abigail F. CousinsSignature  
*Abigail Cousins*

Date

June 12, 2006

**CERTIFICATE OF TRANSMISSION/MAILING**

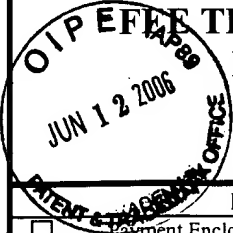
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

EXPRESS MAIL # EH 628985479 US

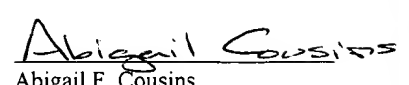
Typed or printed name  
Elizabeth TavarezSignature  
*Elizabeth Tavarez*Date  
June 12, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option

 <p style="font-size: 1.2em; margin: 0;"><b>FEE TRANSMITTAL</b></p> <p style="font-size: 1.2em; margin: 0;">FY 2005</p>		Complete if Known	
		Application Serial Number	09/704,050
		Filing Date	November 1, 2000
		First Named Inventor	Robert S. Philips
		Group Art Unit	2151
		Examiner Name	Frantz B. Jean
		Attorney Docket No.	48452-048

<b>METHOD OF PAYMENT</b>					<b>FEE CALCULATION (continued)</b>				
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					<b>4. ADDITIONAL FEES</b>				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. <b>16-2500</b> <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.									
<input type="checkbox"/> Applicant claims small entity status.									
<b>FEE CALCULATION</b>									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>									
Application Type	Filing	Search	Examination	Fee Paid	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
Utility	300	500	200		130	65	Surcharge - late filing fee or oath		
Design	200	100	130		50	25	Surcharge - late provisional filing fee or cover sheet		
Plant	200	300	160		130	130	Non-English specification		
Reissue	300	500	600		2,520	2,520	Request for ex parte re-examination		
Provisional	200	0	0		120	60	Extension for reply within 1 <sup>st</sup> mo.		
<i>Small Entity Discount</i>					450	225	Extension for reply within 2 <sup>nd</sup> mo.		
<b>1. TOTAL</b>					1,020	510	Extension for reply within 3 <sup>rd</sup> mo.		
<b>2. EXCESS CLAIM FEES</b>					1,590	795	Extension for reply within 4 <sup>th</sup> mo.	1,590	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.				50	25				
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.				200	100				
Total Claims		Extra Claims				Fee Paid (\$)			
68		44							
- 20 or HP =				X \$50 =	2,400				
HP = highest number of total claim paid for, if great than 20									
Indep. Claims		Extra Claims				Fee Paid (\$)			
6		3							
- 3 or HP =				X \$200 =	600				
HP = highest number of total claim paid for, if great than 3									
Multiple Dependent Claims		Fee(\$)		Small Entity fee (\$)		Fee Paid (\$)			
		360		180					
<b>2. TOTAL:</b>					3,000				
<b>3. APPLICATION SIZE FEE</b>									
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Additional 50 or fraction thereof		Fee (\$)	Fee Paid				
	/50	round up to a whole number		x	=		0		
<b>3. TOTAL:</b>					0				
<b>CORRESPONDENCE ADDRESS</b>									
Direct all correspondence to:									
Patent Department									
Proskauer Rose LLP									
1585 Broadway									
New York, NY 10036									
Tel. No.: (212)969-3000									
Fax No.: (212)969-2900									
					<b>SIGNATURE BLOCK</b>				
					Respectfully submitted,				
					 Abigail F. Cousins Attorney for the Applicant Proskauer Rose LLP 1585 Broadway New York, NY 10036				
					Date: June 12, 2006 Reg. No. 29,292 Tel. No.: (212)969-3000 Fax No.: (212)969-2900				
					<b>TOTAL AMOUNT SUBMITTED</b>				
					(\$) <b>5,380.00</b>				